

## PART B - FEE(S) TRANSMITTAL

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8791            7590            08/07/2008  
**BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP**  
**1279 OAKMEAD PARKWAY**  
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Jessica Fisher	(Depositor's name)
(Signature)	
11/7/2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/618,136	07/11/2003	Roger Lapuh	3239P107	4434

TITLE OF INVENTION: ROUTED SPLIT MULTILINK TRUNKING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	11/07/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
WONG, XAVIER S	2616	370-225000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)	1. Blakely, Sokoloff, 2. Taylor & Zafman LLP 3.

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nortel Networks Limited

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Laurent, Quebec Canada

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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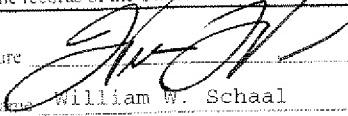
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 022666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Typed or printed name: William W. Schaal

Date: 11/7/2008

Registration No. 39018

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